

COUNTERDRUG GROUND SUPPORT CREW TRAINING RECORD

[For Details, see CAPR 50-15 (01Sep97), § 2-4. h.]

_____	_____	_____	_____
Last, First Name, MI	Grade	CAPSN°	Sqdn Name

<u>Requirement</u>	<u>Date completed</u>	<u>Signature of auth CAP officer</u>
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Minimum Requirements to Become Qualified (CAPF 101CN):

(There is no CAPF 101(T) for this specialty.)

1. Senior Member at least 18 years old who has been CAP member for at least two years	_____	_____
2. CAPF 83 completion, background investigation	_____	_____
3. DEA/USFS course completion (IAW § 2-2. c. and Attchmt 18)	_____	_____
5. Signed DEA/Customs/USFS agreement	_____	_____
6. Posses current CAPF 101 for specialty in which participating in CD activity	_____	_____

Upon completion of all requirements, fill out CAPF 100, attach a copy of this form, and give both to the Sqdn ES Officer so s/he may submit them to Wing/DOS to obtain your CAPF 101 in this specialty. Also give a copy to the Sqdn CD officer.